Herewith is a brief statement of Doctor Geiger's qualifications should you care to use them.

Biographical Data of Jacob C. Geiger, M. D.

M. D., Tulane University, 1912.

Professor of epidemiology, University of California Medical School, and George William Hooper Foundation Medical Research.

Surgeon, United States Public Health Service Reserve since 1916.

Honorary Doctor of Public Health degree for important original research in mosquito control.

Eight years laboratory director of the California State Board of Health.

Five years executive officer and deputy health officer, Chicago Board of Health.

He has contributed valuable scientific articles over the last twenty years on many subjects, including papers on botulism, infantile paralysis, mussel poisoning, malaria control, and plague.

Sincerely yours,

W. P. SHEPARD, M. D.,
Secretary Western Branch, American Public Health Association.

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Subject of Following Letter: Proper Term in State Health Reports for "Amebiasis"

To the Editor.—I wish to call your attention to an incongruous situation in the requirements for reporting communicable disease in California. The State Board of Health makes "dysentery (amebic)" reportable, but does not mention amebiasis. Since dysentery is a relatively less common symptom of amebiasis, and since the important feature is the amebiasis, this ought to be changed to "amebiasis (*E. histolytica*)." This would obviate the reporting of deaths due to amebiasis when no "dysentery, amebic" has been reported.

Very truly yours,

ALFRED C. REED, M. D., San Francisco.

OF GENERAL INTEREST *

Unemployment Insurance in Britain and Germany.—Because of its close relationship to sickness insurance as part of the plan for state medicine, the subject of unemployment insurance should be of interest. Especially so, in connection with facts brought out in some of the medical economics papers of the September number of CALIFORNIA AND WESTERN MEDICINE.

In a recent address before the Virginia Bar Association, Governor Albert C. Ritchie of Maryland declared:

"It would be a calamity" if the experience of Great Britain and Germany with unemployment insurance plans were to be repeated in this country. The Maryland executive urged the development of unemployed insurance reserves "which will not impair American traditions we would preserve and which will not subject us to the unfortunate consequences and burdens which have resulted elsewhere."

Among other things he stated that in eighteen countries of the world unemployment insurance plans have been established and are in operation: Australia, Austria, Belgium, Bulgaria, Czechoslovakia, Denmark, Finland, France, Germany, Great Britain, Irish Free State, Italy, Netherlands, Poland, Russia, Spain and Switzerland.

Those most available for our study and most applicable to our conditions are the British and German systems, and it would be a calamity if the experience of those countries were repeated in ours.

The British system was established in 1911, and was the first national compulsory unemployment insurance plan undertaken by any government. In the beginning it covered not very many industries, and about 125,000 workers. It got off to a good start. Business was prosperous, and when the World War came there was practically no unemployment at all. So by 1920 a surplus of $100,000,000 had been built up.

Then widespread unemployment came, and in the effort to relieve it and to look out for groups of political constituents each Parliament seems to have vied with its predecessor in extending the act so as to bring more and ever more workmen under it. This necessitated tremendous drains upon the national treasury.

Now the 2,250,000 insured have grown to 12,000,000, which is practically the entire working population of England, excluding, as the act does, agricultural laborers and domestic service.

The surplus has all gone, contributions from employers and workers have been greatly increased, and the advances from the government now aggregate over $880,000,000, a considerable part of this being represented by loans from the treasury, which in all probability will never be paid.

During the past ten years the total cost of the system has been almost $2,500,000,000.

The system is said to have degenerated so far that almost anybody out of work can demand a job as good as the best he ever had, and if he does not get it, he draws insurance benefits paid from the national treasury and from other peoples' money and lives on them.

Politicians are finding that it is no longer political suicide to attack the system, and since last December a Royal Commission has been at work trying to find out how the fund can be made solvent and self supporting, and how the unemployed who are capable of working and for whom work is available can be made to work.

The German system was established in 1927 and covered about four-fifths of the working population. At first farm labor and home workers were in the system, but this proved so expensive that they were soon taken out.

By January, 1929, the fund became insolvent, and had to borrow from the National Treasury. Within a year the government's advances reached $80,000,000, and in April, 1930, the Reichstag voted to cancel the existing government loans and make a fresh start.

It then granted an annual subsidy from the treasury equal to one-half the deficit each year, the other half to be made up by increasing the contributions from employers and employees.

Under this plan the government's subsidy for 1930 was over $48,000,000.

It appears to be too early yet to determine what the ultimate result will be, but it is generally conceded that the entire plan is unsatisfactory and imposes an incubus on the treasury from which the German government must be relieved, and in fact demonstrates the difficulties and obstacles inherent in any plan of state compulsory unemployment insurance.

In British and German experience these obstacles have so far proved impossible to overcome.

How New York Is Conquering Diphtheria.—Edward Fisher Brown, Director, Diphtheria Prevention Commission, Department of Health, City of New York, in a recent report, presented the following interesting facts on New York's experience in handling its diphtheria problem:

The expenditure of an average of $140,000 a year, or about 2 cents per capita, has cut the diphtheria case and death rate more than 70 per cent each and saved the parents of New York City an average of $5,000,000 a year.

Diphtheria will have become one of the rare diseases in the city by the close of the year 1933, and perhaps even before then, if the present rate of dicrease in incidence and mortality is maintained.

In less than the three years the Diphtheria Prevention Commission has been functioning the case and death rate of diphtheria has been cut more than 70 per cent—and this in face of the fact that up until the first day of the current month less than 500,000 of the 1,450,000 children under the age of 10 years in the city had been immunized with toxin antitoxin. Just what results would have been attained had there been a more general response to the commission's appeal for immunization are not hard to estimate. We believe that if every mother had taken the trouble to have her children immunized that diphtheria would have been wiped out before the close of 1930.

Statisticians have estimated the economic loss caused by diphtheria in the city of New York for the twenty years prior to 1930 was $127,712,000. They show that in the twenty-year period there were 246,792 cases, an average of 12,344 a year, and approximately 20,000 deaths, or an average of 1000 a year. They base the economic loss on the cost of medication, nursing and other inci-

* The items printed in this column under the caption "Of General Interest" have been culled from medical journals and from authentic lay press sources such as the "United States Daily."